

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

802-828-2177
www.gmcboard.vermont.gov

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DELIVERED ELECTRONICALLY

July 24, 2019

Gary Karnedy, Esq.
Primmer Piper Eggleston & Cramer, PC

RE: MVP Health Plan, Inc. 2020 Individual and Small Group Rate Filing (SERFF Tracking #: MVPH-131934219; GMCB Docket #: GMCB-005-19rr)

Dear Mr. Karnedy:

I am writing to follow up on some questions posed by the Board during Monday's hearing. Pursuant to its authority under 8 V.S.A. § 4062 and 18 V.S.A. § 9375(b)(6), the Board requests that MVP provide the following information to assist with its review. This information is non-actuarial in nature and therefore has not been requested through SERFF; however, the Board has also requested, through L&E and via SERFF, that MVP provide additional actuarial information concerning this filing.

1. Regarding item 3 in your response to Question 1 of Exhibit 5, provide the quality measures MVP uses in its quality improvement program.
2. Describe the changes MVP has made to its Care Management Program with the transition to value-based care in New York.
3. Regarding item 23 in your response to Question 1 of Exhibit 5, is information from telemedicine visits relayed to members' primary care providers? If so, how?
4. Is there any new activity to report in *Common Ground Healthcare Cooperative v. U.S.*? If so, please supplement your response to Question 2 of Exhibit 5.
5. Provide an update regarding the status of MVP's contract with the Green Mountain Surgery Center and explain whether that contract changes any of the assumptions contained in the filing. If it does not change any of the assumptions in the filing, please explain why.
6. Regarding item 38 in your response to Question 1 of Exhibit 5, provide information regarding trends in unwarranted variations in treatment as they pertain to Vermont and explain how MVP uses this information.
7. Regarding item 25 in your response to Question 1 of Exhibit 5, how many members are using MVP's online cost comparison website? What impact, if any, has the website had on where members seek care (please quantify)?
8. Please update Exhibit 7, page 2 with actual results for 2018.
9. How much of your enterprise-wide administrative costs are fixed and how much are variable?



10. Describe whether MVP considers how differences in cost sharing for procedures like colonoscopies (i.e., procedures that can be charged as “screening” but also as “diagnostic” if done following positive results, for example, from a Cologuard© test) may result in providers recommending a high cost procedure for a screening rather than a lower cost screening option.

In addition to the above, please be aware that L&E has sent a request through SERFF for quantitative support for MVP’s projection of the impact of the 2020 hospital budget requests. Furthermore, during the hearing, MVP agreed to update the Board on any changes relating to the design of the non-standard Gold plan (FRVT-HMO-G-002-N (2020)); we expect that MVP will do so as soon as practicable.

Sincerely,

/s/ Michael Barber

Michael Barber
General Counsel
Green Mountain Care Board

